

STATE OF LOUISIANA
VIDEO NETWORK SERVICES ORDER FORM

OTM-17

OTM Order #: _____

Accounting Unit #: _____

Due Date: _____

Dept: _____

Date: _____

Office: _____

Approved by: _____

Section: _____

Contact Name: _____

Unit: _____

Telephone #: _____

Vendor Name: _____

DTN/Site: _____

Service Requested:

I. Access Line(s)

B8ZS/ESF is required:

Speed:

____ 128k ____ 384k ____ 768k ____ T-1

Dedicated:

____ CO DACS to Network ____ Premise to Network ____ New ____ Existing ____ In Move

Circuit ID: _____ (If Existing or In Move)

Dial Up (ISDN):

Account Set up fee: \$30.00 per site

____ New (include ISDN order form) ____ Existing ____ In Move ____ Guest

List circuit ID(S) per ISDN lines (If Exiting or In Move):

Circuit ID: 1. _____

2. _____

3. _____

Note: Additional wiring is required to extend wiring to the jack. Please indicate if wire is to be extended to the jack.

_____Yes _____No

Office:_____

Building:_____

Floor:_____ Room:_____

Street:_____

City:_____, Louisiana

Zip Code:_____ - _____

Contact:_____ Telephone # _____

Local telephone number at the location:_____

(If not the same as the contact telephone #)

Access Hours:_____

Jack Interface:_____

Driving instructions, if located on a highway or rural route:

Other Remarks:_____

Note: Please attach the Video Conferencing Services Customer Site Profile Worksheet for each video site.

II. Video Network Services

Indicate all options to be certified for this location.

	Minutes Of Use	Flat Rate	T.120
Speed: 128k	_____		_____
384k	_____	_____	_____
768k	_____	_____	_____
T-1	_____	_____	_____

III. Subsequent User Set-Up Certification

This fee is applied for any additional set-up certification test requested by users beyond those included in the dedicated access installation or the dial access account set-up fee (one codex and associated equipment).

_____Yes (\$250.00 per site)

Note: Additional wiring is required to extend wiring to the jack. Please indicate if wire is to be extended to the jack.

_____ Yes _____ No

Office: _____

Building: _____

Floor: _____ Room: _____

Street: _____

City: _____, Louisiana

Zip Code: _____ - _____

Contact: _____ Telephone # _____

Local telephone number at the location: _____

(If not the same as the contact telephone #)

Access Hours: _____

Jack Interface: _____

Driving instructions, if located on a highway or rural route:

Other Remarks: _____

Note: Please attach the Video Conferencing Services Customer Site Profile Sheet for each video site.

Instructions for Video Network Services Order Form (OTM-17 (Draft))

OTM Order Number	For OTM use only.
Accounting Unit #	Billing cost center number to which the service will be billed.
Due Date	For OTM use only. Due date will be established by OTM upon receipt of order.
Dept	Department requesting the service.
Date	Date the order was prepared.
Office	Office requesting the service.
Approved By	Signature of the agency Telecommunications Coordinator.
Section	Section requesting the service.
Contact Name	Person on site where the circuit work will be performed.
Unit	Unit requesting the service.
Telephone #	Telephone number of the contact person.
Vendor Name	For OTM use only.
DTN/Site	For OTM use only.
Service Requested	Check the type of service requested in Section I and Section II.
Primary Wiring Installation Location	Information in this section refers to the location where the wiring will be installed.
Office	Office the circuit is serving.
Building	Building where the office is located.
Floor/Room	Floor and room number of the office.
Street	Physical location of the building. Do not give a post office box.
City	City where the building is located.
Zip Code	Zip code.
Contact	Contact person at the circuit site.
Telephone #	Telephone number of the contact person.

Access Hours	Business hours of the office.
Jack Interface	Type of jack with which the circuit will interface.
Driving Instructions	Give as much detail as possible on how to reach the location.
Other Remarks	Include any remarks which are pertinent to the completion of the service.
Additional Wiring Installation Location	Each additional wiring location should be described on an "Additional Wiring Installation Location" form (State of Louisiana Video Network Services Order Form (OTM-17), page 3).